

## EVENT PRE-APPROVAL FORM

### Foundation Pre-approval is not required for any events.

Use of the form is recommended as a tool to discuss expenses during the planning of an event. Expenses for all meetings and donor cultivation must be reasonable, usual and customary using such factors as the individuals who will be in attendance, the strength of the relationship and commitment to the University as well as the venue selected for the event. Failure to obtain a pre-approval may result in reduced or declined payments where the costs are deemed by the Foundation to be extravagant.

### GENERAL INFORMATION

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ School/College: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Foundation Account Name and Number: \_\_\_\_\_

University Account Name and Number: \_\_\_\_\_

Please check if this is a revised form:

### Type of Event (check all that apply):

- Business Meeting/Meal
- Donor Cultivation
- Annual Unit Retreat, Staff Recognition Event or Academic Year Start/End
- Recruitment
- Business Partner
- Other

### ATTENDEES INFORMATION (check all that apply):

- Faculty/Staff Only
- Faculty/Staff and UConn Family
- Donor
- UConn Students
- Other (Explain): \_\_\_\_\_

### ANTICIPATED NUMBER OF ATTENDEES:

Number of University Employees:	_____	Percentage of Total:	_____
Number of University Family Members:*	_____	Percentage of Total:	_____
Number of Non-University Attendees:	_____	Percentage of Total:	_____
Number of University Students	_____	Percentage of Total:	_____
Total Attendees:	_____		

### RECOMMENDED PRICE RANGES PER PERSON (check one)\*\*

- Department/Unit Event: Under \$35       School/College Event: \$35-\$55       University Event: \$55-\$75

\*University Family Members are defined as spouse/significant other, children or other family members. The business purpose for their attendance must be defined.

\*\*The per-person price for donor events varies. No price range is supplied here, but all expenses should be reasonable and justifiable. Please justify prices for all events that fall outside of the ranges listed above.

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**BUDGET (provide a breakdown of the proposed costs associated with this event)**

Foundation Funds: \$ \_\_\_\_\_  
University Funds: \$ \_\_\_\_\_  
Total Expense of Event: \$ \_\_\_\_\_  
Cost Per Person: \$ \_\_\_\_\_  
Income: \$ \_\_\_\_\_

**Outline of Budget (please attach a full budget if appropriate):**

**Is there a charge for attendance? If yes, please explain:**  
1. Where will the income be deposited?  
2. Will the charges cover all expenses?  
3. Is a donation part of this charge? If so, how much per person?

**WHO** – Who is expected to attend the function? Attached a proposed list of invited guests, if available.

**WHAT** – Provide a brief description of the event. Attach a copy of the draft invitation or flyer, if available.

**PURPOSE** – Provide a business purpose or justification of the event.

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## CERTIFICATION

I certify that the above request was prepared and submitted in good faith and to the best of my knowledge, is accurate and complete.

### Authorized Account Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### UConn Foundation Approval

\_\_\_\_\_  
David Carney, Senior President of Finance and Administration and CFO

\_\_\_\_\_  
Date

**Revision:**

1. A revised form is not required when the change in total cost or per person cost is due to a change in the number of attendees.
2. A revised form is required when the total **cost is increased due to omission of charges** in the original submission or **additional services were added** after the initial submission.

**Revision** – Provide explanation of why this event exceeded the original budgeted amount.

### UConn Foundation Approval

\_\_\_\_\_  
David Carney, Senior President of Finance and Administration and CFO

\_\_\_\_\_  
Date